| Linder the Processor's Red                                                                                                                                                                                                                                                                                                                | untion that of 199 | 95 pa porreo aco consider  | ed to ener     | U.S. Patent                                                                                             | and Trade       | oved for use through 0<br>mark Office; U.S. DEP | 06/30/2010. (<br>ARYMENT C | F COMMERCE |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|----------------|---------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------|----------------------------|------------|--|
|                                                                                                                                                                                                                                                                                                                                           |                    |                            |                | respond to a collection of information unless it displays a valid OMB control number  Complete if Known |                 |                                                 |                            |            |  |
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                                                                                                                                                                                                                                          |                    |                            |                | optication Num                                                                                          | ber             | 10/530,879-Co                                   | 0/530,879-Conf. #2276      |            |  |
| FEE TRANSMITTAL                                                                                                                                                                                                                                                                                                                           |                    |                            | -              | Filing Date                                                                                             |                 | October 27, 2005                                |                            |            |  |
|                                                                                                                                                                                                                                                                                                                                           |                    |                            | Fi             | First Named Inventor                                                                                    |                 | Bengt GUSS                                      |                            |            |  |
| For FY 2009                                                                                                                                                                                                                                                                                                                               |                    |                            |                | Examiner Name B. J. Gar                                                                                 |                 | B. J. Gangle                                    | 3                          |            |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                     |                    |                            | A              | Art Unit 1645                                                                                           |                 |                                                 |                            |            |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,170.0                                                                                                                                                                                                                                                                                                      |                    | (\$) 1,170.00              | _              | Attorney Docket No.                                                                                     |                 | 1209-0184PUS2                                   |                            |            |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                                                                  |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| Check Credit Card Money Order None Other (please identify):                                                                                                                                                                                                                                                                               |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                                                                                                                                                                                                                              |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                                                                                                                                                                    |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                                                                                                                                                                                                                                                  |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                                                                                                                                                                                                                                                        |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| FEE CALCULATION                                                                                                                                                                                                                                                                                                                           |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| 1. BASIC FILING, SEARC                                                                                                                                                                                                                                                                                                                    | H, AND EXA         | MINATION FEES              |                |                                                                                                         |                 |                                                 |                            |            |  |
| Application Type                                                                                                                                                                                                                                                                                                                          | FILII<br>Fee (\$)  | Small Entity               | SEAR<br>e (\$) | CH FEES<br>Small Entity<br>Fee (\$)                                                                     | EXAM<br>Fee (\$ | INATION FEES Small Entity Fee (\$)              | Fees Paid (\$)             |            |  |
| Utility                                                                                                                                                                                                                                                                                                                                   | 330                |                            | 40             | 270                                                                                                     | 220             | 110                                             | 1000                       | uiu (v)    |  |
| Design                                                                                                                                                                                                                                                                                                                                    | 220                |                            | 00             | 50                                                                                                      | 140             | 70                                              |                            |            |  |
| Plant                                                                                                                                                                                                                                                                                                                                     | 220                |                            | 30             | 165                                                                                                     | 170             | 85                                              |                            |            |  |
| Reissue                                                                                                                                                                                                                                                                                                                                   | 330                |                            | 40             | 270                                                                                                     | 650             | 325                                             |                            |            |  |
| Provisional                                                                                                                                                                                                                                                                                                                               | 220                | 110                        | 0              | 0                                                                                                       | 0               | 0                                               |                            |            |  |
| 2. EXCESS CLAIM FEES Small Entity                                                                                                                                                                                                                                                                                                         |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
|                                                                                                                                                                                                                                                                                                                                           |                    |                            |                |                                                                                                         |                 |                                                 | Fee (\$)<br>26             |            |  |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                                        |                    |                            |                |                                                                                                         |                 |                                                 | 220                        | 110        |  |
| Multiple dependent claims                                                                                                                                                                                                                                                                                                                 |                    |                            |                |                                                                                                         |                 |                                                 | 390                        | 195        |  |
| Total Claims Extra Claims Fee (\$) F                                                                                                                                                                                                                                                                                                      |                    |                            | Fee I          | e Paid (\$) Multiple Depend                                                                             |                 |                                                 | lent Claims                |            |  |
| 20 - 69 = x = <u>Fee (\$)</u> Fee Paid (\$                                                                                                                                                                                                                                                                                                |                    |                            |                |                                                                                                         |                 |                                                 | <u>\$)</u>                 |            |  |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                                         |                    |                            |                |                                                                                                         |                 |                                                 |                            | _          |  |
| Indep. Claims E                                                                                                                                                                                                                                                                                                                           | xtra Claims        | Fee (\$) =                 | Fee Paid (\$)  |                                                                                                         |                 |                                                 |                            |            |  |
| HP = highest number of indepe                                                                                                                                                                                                                                                                                                             | endent claims pa   | id for, if greater than 3. |                |                                                                                                         |                 |                                                 |                            |            |  |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(I)(G) and 37 CFR 1.16(s). |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = //50 × (round up to a whole number) x =                                                                                                                                                                                         |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| 4. OTHER FEE(S) Fees Paid (\$)                                                                                                                                                                                                                                                                                                            |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1252 Extension for response within second month 360.00                                                                                                                   |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
|                                                                                                                                                                                                                                                                                                                                           |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |
| SUBMITTED BY                                                                                                                                                                                                                                                                                                                              |                    |                            | I Ro           | gistration No.                                                                                          |                 |                                                 | (2-0) 0-                   |            |  |
| Signature X                                                                                                                                                                                                                                                                                                                               | um                 | - / / /                    | (At            | torney/Agent)                                                                                           | 28,97           | 7 Telephone                                     | (703) 20                   | 15-8000    |  |
| Name (Print/Type) Geral M Murphy, Jr/                                                                                                                                                                                                                                                                                                     |                    |                            |                |                                                                                                         |                 |                                                 |                            |            |  |